## PATENT APPLICATION.



Dication or Docket Number 10/528738

| CLAIMS AS FILED - PART I   |  |   |  |                               |  |                  |       | SMALL ENTITY     |                        |    | OTHER THAN                 |                          |  |
|--|--|---|--|-------------------------------|--|------------------|-------|------------------|------------------------|----|----------------------------|--------------------------|--|
|  |  |   | (Columi                                    | າ 1)                          | (Column 2)                             |                  | TYP   | TYPE             |                        | OR |                            |                          |  |
| U.S  | . NATIONAL S                                   | STAGE FEES                                |  |                               |  |                  | · [ - | RATE ,           | FEE                    |    | RATE                       | FEE                      |  |
| BAS  | IC FEE   |   | SMALL ENT.                                 | = \$ 150                      | LARGE ENT. = \$ 300                    |                  | BASI  | C FEE            | 150                    | OR | BASIC FEE                  |                          |  |
| EXA  | MINATION FE                                    | E   | Satisfies PCT A                            |                               | All other situations = \$ 100 / \$ 200 |                  | EXAM  | A. FEE           | 1012                   |    | EXAM. FEE                  |                          |  |
| SEARCH FEE   |  |   | U.S. is ISA = \$ ALL other cou \$ 200 / \$ | ntries =                      | All other situations = \$ 250 / \$ 500 |                  | SEAF  | RCH FEE          | aD                     |    | SEARCH FEE                 |                          |  |
| FEE FOR EXTRA SPEC. PGS.   |  |   | minu                                       | ıs 100 =                      | <i>J</i> 50 =                          |                  | X     | 125 =            |                        |    | X \$ 250 =                 |                          |  |
| тот  | AL CHARGEAE                                    | BLE CLAIMS                                | 6 mir                                      | nus 20 =                      | *                                      |                  | X     | \$ 25 =          |                        | OR | X \$ 50 =                  |                          |  |
| INDEPENDENT CLAIMS   |  |   | 3 m  | inus 3 =                      | *                                      |                  | X     | 100 =            |                        | OR | X \$ 200 =                 |                          |  |
| MUL  | TIPLE DEPEN                                    | DENT CLAIM PRI                            | ESENT                                      |                               |  |                  |       | 180 =            | 110                    | OR | + \$ 360 =                 |                          |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |  |                               |  |                  | т     | OTAL             | 45                     | OR | TOTAL                      |                          |  |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)            |  |   |  |                               |  |                  | S     | SMALL ENTITY     |                        |    | OTHER THAN<br>SMALL ENTITY |                          |  |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUM<br>PREVK<br>PAID  | BER<br>OUSLY                           | PRESENT<br>EXTRA | f     | RATE             | ADDI-<br>TIONAL<br>FEE | -  | RATE                       | - ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus                                      | **                            |  | =                | X     | \$ 25 =          |                        | OR | X \$ 50 =                  |                          |  |
|  | Independent                                    | •   | Minus                                      | ***                           |  | =                | X     | 100 =            |                        | OR | X \$ 200 =                 |                          |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                               |  |                  | + \$  | 180 =            |                        | OR | + \$ 360 =                 |                          |  |
|  |  |   |  |                               |  |                  |       | AL ADDIT.<br>FEE |                        | OR | TOTAL ADDIT.<br>FEE        |                          |  |
|  |  | (Column 1)                                |  | (Colu                         | mn 2)                                  | (Column 3)       |       |                  |                        |    |                            |                          |  |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUM<br>PREVIO<br>PAID | IEST<br>BER<br>OUSLY                   | PRESENT<br>EXTRA | F     | SATE             | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE   |  |
|  | Total  | *   | Minus                                      | **                            |  | =                | X     | \$ 25 =          |                        | OR | X \$ 50 =                  |                          |  |
|  | <b>Ind</b> ependent                            | *   | Minus                                      | ***                           |  | = .              | X \$  | 100 =            |                        | OR | X \$ 200 =                 |                          |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                               |  |                  | + \$  | 180 =            |                        | OR | + \$ 360 =                 |                          |  |
|  | TOTAL /<br>FE                                  |   |  |                               |  |                  |       |                  |                        | OR | TOTAL ADDIT.<br>FEE        |                          |  |
| •  | If the entry in colu                           | ımn 1 is less than th                     | e entry in column :                        | 2, write "0"                  | in columi                              | 1 <b>3</b> .     |       |                  |                        |    |                            |                          |  |
| **   | -  | mber Previously Pa                        | •  |                               |  |                  |       |                  |                        |    |                            |                          |  |

If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.